



CLIENT INFORMATION FORM

Please complete the information requested for each person currently living in your home.
Use the back of last page for additional space, if needed.

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Sex</u>	<u>Grade Completed</u>
1.				
2.				
3.				
4.				
5.				
6.				

Please list any children under 18 NOT currently living in the home.

<u>Name</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Sex</u>	<u>Grade Completed</u>
1.				
2.				
3.				

Referred by: _____

Have you been to the Parenting Center before? YES NO If yes, when? _____

Are you presently receiving services from another agency? _____ Agency Name _____

Have you been in counseling before? _____ Where? _____



Please check any of the following that you want to discuss in counseling:

- | | |
|---|---|
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Emotional Stress |
| <input type="checkbox"/> Adolescent Problems | <input type="checkbox"/> Marital |
| <input type="checkbox"/> Child Behavior Problems | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Abuse: physical, emotional, sexual | <input type="checkbox"/> Grief & Loss |
| <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Personal Relationships | <input type="checkbox"/> Alcohol & Drugs |
| <input type="checkbox"/> School | |

What other concerns or issues do you want to discuss in counseling?



Consent for Evaluation and Treatment for Adult:

Being satisfied of the necessity for evaluation and treatment, I do hereby consent to diagnosis and treatment under the direction of The Parenting Center.

_____ (Client signature) _____ (Date)

Consent for Evaluation and Treatment for a minor child:

I certify that I have the right to obtain counseling services for _____, a minor child. I do hereby consent to diagnosis and treatment under the direction of The Parenting Center.

_____ Parent / guardian / conservator _____ Relationship to child _____ (Date)

Name of parents if other than guardian or managing conservator: _____

Please provide a copy of the court order for guardianship or managing / possessory conservatorship.

Services:

I agree to be treated by qualified staff members of The Parenting Center under the direct supervision of a licensed therapist.

(initial)

I certify that this information is correct to the best of my knowledge. I also understand that I am responsible for any charges incurred by receiving services at The Parenting Center and will make payment at the time of service. I have read and understand all the information presented to me regarding *client confidentiality, and financial responsibility.*

_____ (Client/Parent signature) _____ (Date)

_____ (The Parenting Center Representative) _____ (Date)